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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)						Application Number 10/775,481		Filing Date 10 February, 2004		<input type="checkbox"/> To be Mailed			
						Applicant(s) WALDMAN ET AL.						Page 1 of 2	
* May be used for additional claims or amendments													
CLAIMS	AS FILED 08/03/2010		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* 08/03/10			* 08/03/10		* 08/03/10	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	-						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64	1	-				
15							65	1					
16							66		-				
17							67		-				
18							68		2				
19							69		2				
20							70		2				
21							71		-				
22							72		2				
23							73		-				
24							74		2				
25							75		2				
26							76		-				
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90		-				
41							91		2				
42							92		2				
43							93		2				
44							94		2				
45							95		2				
46							96		2				
47							97		2				
48							98		2				
49							99		2				
50							100		2				
Total Indep							Total Indep	2					
Total Depend							Total Depend		32				
Total Claims							Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20100811-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB-06)

Application Number

10/775,481

Filing Date

10 February, 2004

Applicant(s)

WALDMAN ET AL.

Page 2 of 2

* May be used for additional claims or amendments

CLAIMS	AS FILED 08/03/10		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* 08/03/10			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
101		2					151		2				
102		2					152		2				
103		2					153		2				
104		-					154		2				
105							155		2				
106							156		2				
107							157		2				
108							158		2				
109							159		2				
110							160		2				
111							161		2				
112							162		2				
113							163		2				
114							164		2				
115							165		2				
116							166		2				
117							167		2				
118							168		2				
119							169	1					
120							170	1					
121							171		2				
122							172		2				
123							173		1				
124							174		3				
125							175						
126							176						
127							177						
128							178						
129							179						
130							180						
131		-					181						
132		1					182						
133		-					183						
134							184						
135							185						
136							186						
137							187						
138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144		-					194						
145		2					195						
146		-					196						
147		2					197						
148		2					198						
149		-					199						
150		2					200						
Total Indep							Total Indep	4					
Total Depend		15					Total Depend		44				
Total Claims		15					Total Claims		91				

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Part of Paper No. 20100811-1